

UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF NEW YORKODELL, Wilson

(In the space above enter the full name(s) of the plaintiff(s))

-against-

WARDEN of WARREN County  
NEW JERSEY  
CORRECTIONAL FAC  
John. DoeWARDEN of Rikers Island  
Building #  
OC-95Dept of Parole New York State

(In the space above enter the full name(s) of the defendant(s). If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed in the above caption must be identical to those contained in Part I. Addresses should not be included here.)

## COMPLAINT

under the  
Civil Rights Act, 42 U.S.C. § 1983  
(Prisoner Complaint)Jury Trial: ☒ Yes ☐ No

(check one)

17 CV 7791

## I. Parties in this complaint:

- A. List your name, identification number, and the name and address of your current place of confinement. Do the same for any additional plaintiffs named. Attach additional sheets of paper as necessary.

Plaintiff

Name

ID #

Current Institution

Address

ODELL, Wilson  
3101700704  
R.N.D.C. CC-74  
11-11 HAZEN. Street.  
EAST Elmhurst Queens, NY 11370

- B. List all defendants' names, positions, places of employment, and the address where each defendant may be served. Make sure that the defendant(s) listed below are identical to those contained in the above caption. Attach additional sheets of paper as necessary.

Defendant No. 1

Name

Where Currently Employed

Address

John Doe  
WARDEN of WARREN County Shield # N/A  
WARREN County New Jersey

Defendant No. 2

Name Warden of Rikers Island Shield # N/A  
 Where Currently Employed \_\_\_\_\_  
 Address C-95

Defendant No. 3

Name \_\_\_\_\_ Shield # \_\_\_\_\_  
 Where Currently Employed \_\_\_\_\_  
 Address \_\_\_\_\_

Defendant No. 4

Name \_\_\_\_\_ Shield # \_\_\_\_\_  
 Where Currently Employed \_\_\_\_\_  
 Address \_\_\_\_\_

Defendant No. 5

Name \_\_\_\_\_ Shield # \_\_\_\_\_  
 Where Currently Employed \_\_\_\_\_  
 Address \_\_\_\_\_

**II. Statement of Claim:**

State as briefly as possible the facts of your case. Describe how each of the defendants named in the caption of this complaint is involved in this action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Attach additional sheets of paper as necessary.

A. In what institution did the events giving rise to your claim(s) occur?

Warren County Correctional FAC New Jersey  
County Jail

B. Where in the institution did the events giving rise to your claim(s) occur?

Warren County Correctional FAC  
County Jail Intake

C. What date and approximate time did the events giving rise to your claim(s) occur?

June 18<sup>th</sup> 2008 thru September 2008  
Released to the New York  
Police Department

D. Facts: On the date of June 18<sup>th</sup> 2008 I WAS  
Arrested in Warren County for A parole violation  
However At SAID time of Arrest I WAS NOT ON  
(NO parole).

What  
happened  
to you?

Who did  
what?

Department of parole placed A warrant  
for My Arrest, for Not reporting  
to parole when I WAS never placed  
ON post release supervision under  
State Number OOR 5947.

Was  
anyone  
else  
involved?

the Department of parole  
New York State.

Who else  
saw what  
happened?

The Judge who dismissed My  
Case At SAID parole hearing.  
Also the lawyer who represented  
me At parole hearing

### III. Injuries:

If you sustained injuries related to the events alleged above, describe them and state what medical treatment, if any, you required and received.

I suffer from depression & Anxiety.  
I have problems sleeping  
At night and developed A eating  
disorder. This is A result from  
being stressed out from my situation.

### IV. Exhaustion of Administrative Remedies:

The Prison Litigation Reform Act ("PLRA"), 42 U.S.C. § 1997e(a), requires that "[n]o action shall be brought with respect to prison conditions under section 1983 of this title, or any other Federal law, by a prisoner confined in any jail, prison, or other correctional facility until such administrative remedies as are available are exhausted." Administrative remedies are also known as grievance procedures.

A. Did your claim(s) arise while you were confined in a jail, prison, or other correctional facility?

Yes ☒ No ☐

If YES, name the jail, prison, or other correctional facility where you were confined at the time of the events giving rise to your claim(s).

Warren County Correctional Fac New Jersey  
Rikers Island

B. Does the jail, prison or other correctional facility where your claim(s) arose have a grievance procedure?

Yes ☒ No ☐ Do Not Know ☐

C. Does the grievance procedure at the jail, prison or other correctional facility where your claim(s) arose cover some or all of your claim(s)?

Yes ☐ No ☒ Do Not Know ☐

If YES, which claim(s)? \_\_\_\_\_

D. Did you file a grievance in the jail, prison, or other correctional facility where your claim(s) arose?

Yes ☐ No ☒

If NO, did you file a grievance about the events described in this complaint at any other jail, prison, or other correctional facility?

Yes ☐ No ☒

E. If you did file a grievance, about the events described in this complaint, where did you file the grievance?

1. Which claim(s) in this complaint did you grieve? \_\_\_\_\_

2. What was the result, if any? \_\_\_\_\_

3. What steps, if any, did you take to appeal that decision? Describe all efforts to appeal to the highest level of the grievance process. \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

F. If you did not file a grievance:

1. If there are any reasons why you did not file a grievance, state them here: \_\_\_\_\_

I did not know about filing for  
relief under the Civil rights Act.

2. If you did not file a grievance but informed any officials of your claim, state who you informed, \_\_\_\_\_

- B. If your answer to A is YES, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another sheet of paper, using the same format.)

1. Parties to the previous lawsuit:

Plaintiff \_\_\_\_\_

Defendants \_\_\_\_\_

2. Court (if federal court, name the district; if state court, name the county) \_\_\_\_\_

3. Docket or Index number \_\_\_\_\_

4. Name of Judge assigned to your case \_\_\_\_\_

5. Approximate date of filing lawsuit \_\_\_\_\_

6. Is the case still pending? Yes \_\_\_\_ No \_\_\_\_

If NO, give the approximate date of disposition \_\_\_\_\_

7. What was the result of the case? (For example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?) \_\_\_\_\_

\_\_\_\_\_

- C. Have you filed other lawsuits in state or federal court otherwise relating to your imprisonment?

Yes \_\_\_\_ No ☒

- D. If your answer to C is YES, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same format.)

1. Parties to the previous lawsuit:

Plaintiff \_\_\_\_\_

Defendants \_\_\_\_\_

2. Court (if federal court, name the district; if state court, name the county) \_\_\_\_\_

3. Docket or Index number \_\_\_\_\_

4. Name of Judge assigned to your case \_\_\_\_\_

5. Approximate date of filing lawsuit \_\_\_\_\_

6. Is the case still pending? Yes \_\_\_\_ No \_\_\_\_

If NO, give the approximate date of disposition \_\_\_\_\_

7. What was the result of the case? (For example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?) \_\_\_\_\_

\_\_\_\_\_

On  
other  
claims

I declare under penalty of perjury that the foregoing is true and correct.

Signed this 27<sup>th</sup> day of sept, 2017

Signature of Plaintiff

Inmate Number

Institution Address

ODELL WILSON  
310-1700704  
11-11 HAZEN ST  
RNDC. CC-745  
EAST ELMHURST N.Y  
11370

**Note:** All plaintiffs named in the caption of the complaint must date and sign the complaint and provide their inmate numbers and addresses.

I declare under penalty of perjury that on this 27<sup>th</sup> day of September, 2017, I am delivering this complaint to prison authorities to be mailed to the *Pro Se* Office of the United States District Court for the Southern District of New York.

Signature of Plaintiff:

ODELL WILSON

To the Attention of:

On around the 18<sup>th</sup> of June 2008 while driving in Warren County New Jersey, I was pulled over by Warren County Sheriff(s) who ran my plates, and informed me that I have (had) A warrant pending in New York City for A violation of parole Under the State Din Number OOR 5949. However, while being detained in Warren County, I was charged with Criminal possession of A Controlled substance in the 2<sup>nd</sup> degree.

I told said officers that it was impossible for me to have A Parole warrant because I was never placed on (NO) parole supervision under state Number OOR 5949. I was sentenced to A Flat 4 years only per Commitment papers without NO post release supervision imposed.

(2)

On the date of the 17<sup>th</sup> of September 2008, I was released to the NYC Police Department, And was taken to Riker Island for the purpose of A Final revocation hearing for A violation of parole under Said State Number OOR5949. At this point I Appeared in front of A Administrative Judge whom Also informed me that I never was given no parole under State Number OOR5949. My Case was dismissed, And I was released back to Warren County, where I posted bail. I Served A total of 8-10 months jail time for A Parole violation while never having no parole.



ODETT. WILSON  
3101700704  
East Elmhurst  
Queens N.Y. 11370  
R.N.D.C (C-74)

USM  
SDNY  
10007



500 PEARL Street  
NEW-YORK NEW-YORK  
Pro-SE OFFICE  
Southern District of New York

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